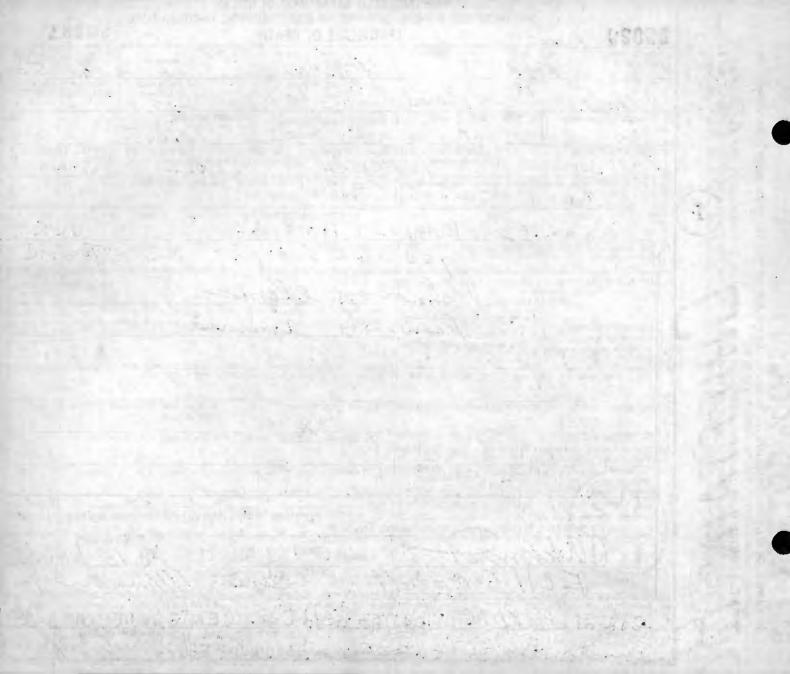
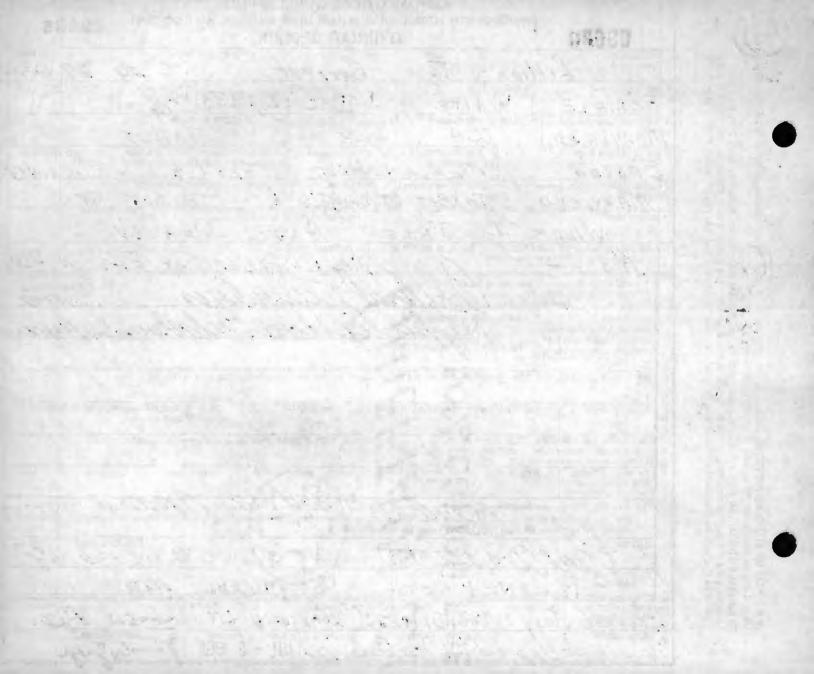
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	_	~20.	DIVISION OF V	-			RE, MARYLAND 212	.01	,
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E 12 25	3. S	Female	4. prace	blund	S. DATE	OF BIRTH 3 9 11	6. AGE (In year last birthday)	rs IF UNDER I YEAR MONTHS OAYS YRS.	IF UNDER 24 HRS. HOURS MIN
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	10.	ASTON.		WE OF HOSPITAL OR INSTITUTE of oddress)	PUTION (If not in hosp		CCUPATION (Kind of work working life, even if reti		BUSINESS OR
requires that the death certificate be executed within g physician.  In signed by the attending physician and campletely filling burial-transit permit. Then please permove carban positival, crematian, or remayal, and in any event, within		USUAL RESIDENCE (Where decedes sion) STATE	osed lived, if institution 13b. COUNTY	in: Residence before, I	CENTRE U.	13d. INSIDE CITY LIMITS?			
exec and co	14.	ATHER'S NAME   First	Middle	Lost		R'S MAIDEN NAME, First	Mid	die	Lost
9 6 9		ChAR	.les	BARNE	SA	MANDE	7	UI	K.
ificate by sician please al, and		WAS DECEASED EVER IN U.S. AR	RMED FORCES? war or dates of service)	166. SOCIAL SECURITY NO		Sh. Rky TA	9/E Mi Add	iss ngton,	md
cert g pt Then may		18. CAUSE OF DEATH (Enter of	mly one cause per line	for (a), (b)/and (c).)		- 0		APPROXI BETWEEN C	MATE INTERVAL DISET AND DEATH
it.		PART I. DEATH WAS CAUS		Julmo	man.	lalem	~	acreece c	NAT AND GENTIN
der de erm		2810-11111		A CONSTOURNCE OF	17				
the the sit p		Conditions, if ony, which gave	1 "	Perner	ices	anes	nd		
hat n. by t ans rem		rise to immediate cause (a), stating the underlying cause		A CONSEQUENCE OF					
es l sicia ed le al-tr		last.	(c)						
AN: The law requires that the death certifical or attending physician. The trief has been signed by the attending phyform use as the burial-transit permit. Then the other than the or the priar to burial, crematian, or remaval	-	PART 2. OTHER SIGNIFICANT CO	INDITIONS CONTRIBUTI	ING TO DEATH BUT NOT	RELATED TO THE TER	RMINAL DISEASE OR COND	OITION GIVEN IN PART 1(a)		
iaw andin beer is the	CERTIFICATION	190. DATE OF OPERATION 198	. CONDITION FOR WHIC	H OPERATION WAS PERF		AUTOPSY?		HINGS CONSIDERED IN C	RTIFYING
The atternation has se atthered	E				Y	ES NO 🗆	CAUSES OF DEATH?		
or after the seal of the seal	E. G.	21a. ACCIDENT WAS UNDERLY			21c. HOW INJUR	RY OCCURRED (Enter not	ture of injury in Part 1 or P	art 2, Item 18.)	
of H	MEDICAL	OR CONTRIBUTING CAUSE OF OF	niner) P.M.	Month Day Year 19					
OR ATTENDING PHYSICIAN: be retained by the haspital or NIRECTOR: After this certificate e 3 shauld be detached far u ad with the State Dept. of Heal	W.	21d. INJURY OCCURRED 21- While Nat while at wark	B. PLACE OF INJURY (	AT HOME, FARM, STREET, FACTO OFFICE BUILDING, EYC.	21f. LOCATION	Street or R.F.D. No.	City or Town	Caunty	State
by t by t (fter be c State	1	22a. I certify that (I) (t	his hospital) otte	nded the deceased	from		, ta	_, 19, that	(I) (we) las
END led A	ы	saw the deceased couses stated above	alive on	did not) view the he	, and that i	n (my) (our) opinio	n death accurred on t	he dote and haur	and fram the
ATTENE etained CTOR: A shauld fith the		22b. SIGNATURE	c, (1/ (We) (Sa) (	diagram, view ine bi		-	¥ .	22c. DATE SIGNED	100
OR Se re		We	mo	A	DEGREE PH	TENDING MED.	TOR STAFF	15 Jus	7660
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by a shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health priar ta burial, creating the state of		22d. PHYSICIAN'S NAME (Type)	14.50	himid	1 220	e. ADDRESS Carl	ton, Mo	uzh	7
HOS Be 4 Be 4	230	BURIAL, CREMATION, 23b	DATE O. / O.	23E NAME OF CE	METERY OR CREMAT	. 1 0	3d. LOCATION (City or Town	n) (County)	(Stote)
55 5 4 4 3 V		REMOVAL (Specify)	1/18/196	8 Ches	Tea fie		CENTREV	THE Q.A	md
VR A15 (4)	24.	FUNERAL DIRECTOR	3	ADDRESS		250. REC'D BY RE	7/19	STRAR'S SIGNATURE	lat.
30M REV. 1/68	1	11:1000	10/101	- NESTO	RTOWN.	w & DATE IIIN 2	0 1968	harles for	0





- 1 20	MARTLAND STATE DEPARTMENT OF HEALTH	
COD CTATE	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	38836
FOR STATE	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME (Type or Print) Lane Louise Sockstie 20. DATE KNOWN Manth Day OF ESTI- DEATH MATED 6 2	. 1 .53
lay is 13 ta Page ent of		- 1968 1 A M
delo 3. P	1 In 1975 In 1	Year / Cal - S
any delay 2, and 3 PM3. Pag	1 smale w 2011 mon 1 120 38 18	1968/1/A M
一 集 欄 )	76. BIRTHPLACE (Store or foreign Country) 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH WIDOWED   DIVORCED   1 a 1 b o t	96.3
The formal of th		KIND OF BUSINESS OR
deo ve Po	give Methorical Hospital during the grant fretired.) INDI	USTRY
thin 24 haurs after death nice in Item 18. Give Page niner's Office along with pages I and 2 with the Standard Agent.	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN admission) Nathyland 13b. COUNT Baltimore Baltimore yes 8 No 5602 Todd Ave.	3.5
ffice and and a feet and a feet a fee	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
4 ± 0 5 2 3	William L. Kennedy, Sr. Bertie Louise Price	
INER: This certificate shauld be executed within 24 haurs after death.  e certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, should be farwarded to the Chief Medical Examiner's Office along with families.  3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Stifte in a strain, ar remaval, and in any event within 72 haurs offer death.	(Yas, nd brunknown) Will reproduce of service) 219-07-9481 Wm. L. Kennedy, In Danville, J.	U.
shauld be executed will be ward "pending" in pera the Chief Medical Examonation of the Chief Medical Examonate in any event within 72	18. CAUSE OF DEATH (Enter only one cause per line of (a), (b), and (c).	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ng". mil with	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Sub-dural homa forma	3 days
be execute pending" ief Medica insit permit	DUE TO, OR AS A SONSEQUENCETOR 1 1 0	
be hief	(conditions/if any) which gave is to immediate cause (a). (b) Stall in Guttitul	
al-fr	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sho a th buri	last. (c)	
MNER: This certificate shauld the certificate, writing the ward 4 should be farwarded to the CF if files.  The shauld be used as a burial-tre a 3 shauld be used as a burial-tre matian, ar remaval, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
rriffi rriffi vard val.	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
is certific te, writin farward farward ie used a remaval,	WAS PERFORMED?	YES IN NO
INER: This certificate, writh should be farwar files. 3 should be used ashann ar removal	190. DATE OF OPERATION  190. CONDITION FOR WHICH OPERATION  WAS PERFORMED?  21a. EXTERNAL CAUSE WAS  21b. TIME OF INJURY Month, Day, Year  21c. HOW, TRYURY OCCURRED (Enter nature of injury in, Port 1 or Port 2, Item 1)	Mind board
R: uld s. s. an,	PRIMARY OR CONTRIBUTING HOUR A.M. J-3 (1968 Hollin Bathtack  AUSE OF DEATH  21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. Gity or Town	
	21d. INJURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f. IOCATION Street or R.F.D. No. City or Town	ounty State
EXAMINER: cute the certifoge 4 should go 4 should ryour files. Page 3 should cremation,	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, WHILE AT WORK AT WOR	hot med
ICAL E tor. Pa for CTOR: burial,	22a. I certify that Maak charge of the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my apinian
blease exector. Please exector. Please for director. Please for burief for the burief	death resulted fram: Natural causes, Accident, Suicide, Hamicide, Undetermined manner	
please direction burker ar to burker	ACTUAL LEXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
ssory, ple	SIGNATURE JOURNAL CONTROL OF M.D., ASSISTANT MEDICAL EXAMINER L. 220. DATE SIGN	11/4 1
ro DEPUTY DICAL EXAM necessary, please execute the funeral directar. Page 4 5 may be retained for your o FUNERAL DIRECTOR: Page Health priar to burial, crem	EXAMINER'S NAME (Type)  VELTY For DEPUTY MEDICAL EXAMINER OF ADDRESS(Street, city, town, ar county)	1 60
01 = 20 E	REMODILIZED 6/6/1968 Windy Hill I rappe, Nd.	unty) (State)
W	24. FUNERAL DIRECTOR 250. REGISTRAR 25b. REGISTRAR'S SIGN PAURICE E. NEWNAM & SON, Easton, M d. DATE IIIN 5 1968 OFFICE PARTY SIGN	ATURE
VR A15ME (5)	MHUROCE C. NOWNAM & SUN, Caston, III a. DATE JUN 5 1968 Oction	es Credel
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11/	1	MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	0	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0000
FOR STATE	1 0		9037
HEALTH DEPT.	1. D	DECEASED-NAME Type or Print)  OF ESTI-	
- S - S - S - S - S - S - S - S - S - S		Type or Print) alton R Stue balar DEATH MATED 6,20/	685:30P
# F	3. 5		Year / D /30
Party d		1 10 1 10 1 10 1 10 1 10 10 10 10 10 10	19 604 6 M
Jep Jep	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	4// = 21 1
ath any ages 1, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		WINDOWED DIROCCED CONTROL TO CALL	M Talbot Md.
haurs after death.  Item. 18. Give Pages 1,  Office along with farm  and 2 with the State Death.	10.		b. KIND OF BUSINESS OR DUSTRY
haurs after de tem. 18. Give P Skice alang wi and 2 with the		East Toll Williarias Farmer	
rs after 18. Giv e alang 2 with t death.	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER INSIDE CITY LIMITS? 13b. COUNTY OF 15T	
18. 2 w		110 Caronios Janton 110 110 110	
24 haurs in Item.	14. [	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
2 d S 1 S S		WILLIAM BRUBAKER MIDRY I	SOLICK
		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO.  17 INFORMANT  (If yes give wor or dotes of service)	0
within pendil xamin 1e pag 72 ha		No allow Orwater,	Vantow.
ed v in lin l Ex Fil		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  Null tiple Injuries of ChestmFracture of	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ing ing		PART I. DEATH WAS CAUSED BY:  Multiple Injuries of ChestmFracture of  MMMEDIATE CAUSE (o)	
exe end me mt pe		THE TO OR AS A CONSCOURNES OF	
be 'p		Conditions, if ony, which gove isse to immediate couse (a).  (b) many ribs Henopneumothoaraces both side	1 hour
uld ard e C ony		I was a few part of the second 2. DIJE TO DR AS A CONSEQUENCE OF	
te shauld be executed with the ward "pending" in pe to the Chief Medical Exar a burial-transit permit. File and in any event within 72			
d to d		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ifica ting arde al, o	×	Ran over by a combiner	
wr. wr. arway	CATIC	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
XAMINER: This certificate shauld be executed with te the certificate, writing the ward "pending" in penge 4 shauld be farwarded to the Chief Medical Examy your files.  Age 3 shauld be used as a buriat-transit permit. File pare cremation, ar remayal, and in any event within 72 has	CERTIFICATION		YES NO
	I CE	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING 4.M. C. CO. C.	
INER: e cert shaul files. 3 shau	MEDICAL	CAUSE OF DEATH D: TDP.M. 0/20 19 08 Rap over by tile own complete	
The share and a share and a share and a share	W		County Stote
bical EXAMINER: se execute the certi- sctor. Page 4 shauld ned far yaur files. RECTOR: Page 3 shau a burial, crematian,		WHILE NOT WHILE AT WORK TO AT WOR	В
TY STEAL E  y, please executed director. Page eretained for the DIRECTOR: prior to buried,		22a. I certify that I took charge of the remains described above, held an Autopsy, Inspection 🕱, Inquiry 🔀,	and in my apinian
Pur Gera		death resulted from Natural causes , Accident Suicide , Hamicide Undetermined manner	]
Fire to to to		CHIEF MEDICAL EXAMINER	
ol o ol o		SIGNATURE DUCCE DECECCIÓN M.D. ASSISTANT MEDICAL EXAMINER 226. DATE SIG	SNED
Sory be de la		EXAMINER'S Harold B. Plummer 11.D. DEPUTY MEDICAL EXAMINER DAMPE (Type)	/63
necessary, please execute the funeral director. Page 4 5 may be retained for your to Funeral DIRECTOR: Page Health prior to burial, crem		water (albeit	Larvalin
5 = + 2 E	A3)	BURIAL, (REMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	ounty) (Stote)
	0	PREMOVAL GEREITY LUNE 24, 468 HOLY CROSS DENTON C	CAK. MY.
NY	24.	FUNERAL DIRECTOR  ADDRESS  250. REC'D BY REGISTRAR'S SIG	
10M 454 1788	1	Projet More + Son Denton Md DATIJUL - 1 1968 golvante	by judge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED-NAME Middle lost 2a. DATE OF DEATH 2b. HOUR First and 2 death (Type or print) HARRY UPTON BUTLER. Jr. June 5 after 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX lost birthday) MONTHS DAYS HOURS signed by the attending physician and campletely filled in by subburial-transit permit. Then please remave carbon papers. Page burial, crematian, ar remaval, and in any event, within 72 haurs-al Male. White May 7, 1889 within 24 haurs 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED (ountry) Talbot County WIDOWED [7] DIVORCED T Marvland USA 12o. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 1). NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Neavitt Ret. Electrician Shipvard 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed admission) STATE 13b. COUNTY YES 👿 NO -Maryland Neavitt 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Last Middle Harry U. Butler Sallie Armandt 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no or unknown) (If yes give war or dates of service) Maryland
APPROXIMATE INTERVAL 213-07-9329 Mrs. R. Waneta Butler. 18. CAUSE OF DEATH (Enter only one cause per line to (a), (b), and BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Canditians, if one, which gove ) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) **O FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior ta 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? PHYSICIAN: The YES 🗀 NO | 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County Stote While Not while ot wark at work 22a. I certify that (I) (this hospital) at lended the deceased from 1 1000 , 1968, to 5 \_19 62, and that in (my) (our) apinion death accurred an the date and have and from the serv the deceased alive an... ro Hospital OR ATTEND Page 4 may be retained causes stared above, (1) (we) (did) (did not) view the bady after death. 22c. DATE SIGNED **ATTENDING** DEGREE DIRECTOR PHYSICIAN'S 22e. ADDRESS 22d NAME (Type) R. LANE WROTH. M. D. St. Michaels, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION 23b. DATE (County) (Stote) REMOVAL (Specify) Baltimore, Maryland Lorraine Park Mausoleum 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE EMNERAL DIRECTOR Ocharles Juge DATEJUN 10 1968

the sort a sort a sort and a sort and a sort and a sort a sort and a sort a sort a sort a sort a sort a sort a STATE OF BUILD THE STATE OF THE VICTOR BUILDING A savgual " nelocotoble .- 2/ 2974190 and the state of t There's parties and the second of the and graft, the state of the state, in , and the second grant of English Thereis . . PARTIES . HOLLIES ... and have the secretary ... Not the source that arrange advantage to the state of the state

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 2b HOUR DECEASED-NAME PERCY COLLINS requires that the death certificate be executed within 24 haurs after death Manth C (Type or print) DATE OF BIRTH 6. AGE ( n years IF LINDER 1 YEAR ve carban papers Pages k event, within 72 haurs after last birthcay) 1895 Male October 14. White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED R NEVER MARRIED country) Talbot Co., IISA WIDOWED [77] DIVORCED [ completely filled 14 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired )
Retired Broiler Grower **INDUSTRY** Chicken 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATEMaryland 13b COUNTY Caroline Federalsburg YES 202 Maple Avenue 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First Middle Last Samuel Collins Amanda Towers 17 INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO [If yes give wer or dates of service] Yes, np. or unknown) 213-22-5780 Mrs. Evelyn W. Collins, Federalsburg, Md. director, page 3 shauld be detached for use as the burial-transit permit. Then A Spauld be filed with the State Dept. of Health prior to burial, cremorian, ar removal, 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I DEATH WAS CAUSED BY: BETWEEN DISET AND DEATH IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave signed by the burial-transit p rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) has been 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? YES 🗀 NO X O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTR BUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM. STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 19 68 , thot((1)) (we) lost sow the deceased alive on 6 - 9 \_\_\_19 les, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we)(bid)(did nat) view the bady after death. 22c DATE SIGNED 22b. SIGNATURE ATTENDING PHYS MED. DIRECTOR Robert W. Trever M. D. DEGREE 6-10-68 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) Robert W. Trever, M.D. Easton, Md. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Tawn) 23b. DATE (County) 23a BURIAL CREMATION June 12,1968 REMOVAL (Specify) Concord Cemetery Near Federalsburg, Maryland Burial 25b. REGISTRAR S SIGNATURE 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR **ADDRESS** 1968 Federalsburg, Md 30M REV 1/68 Funeral Home

MARYLAND STATE DEPARTMENT OF HEALTH

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		Item 6 Film Gil	ERTIFICATE OF DEATH	IMORE, MARYLAND 21201	1.1097
	DECEASED-NAME Firs	t M ddle	Lost	2a. DATE OF DEATH	1968 2b. Hour
	(Type or print) Lou1	se Hawkins	Copper	June 19	1/9/6/9/ M
3.	SEX	4. RACE	5 DATE OF BIRTH	6. AGE (In years	F JNDER YEAR IE UNDER 24 HRS. MONTHS DAYS HOURS MIN
	Female	Negro	Sept. 12.	1929 38 BV YRS	
70	BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8 MARRIED [2] NEVER MARRIED [	9. COUNTY OF DEATH	
(0	Talbot	USA	WIDOWED DIVORCED	Talbot	Md.
10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	FITUTION (If not in hospital 12a USL	AL OCCUPATION (Kind of work done	e 125 KIND OF BUSINESS OF
	Newtown	give street oddress) Easton Me	morial dumus	ost of working life, even if retired in DOPER	) INDUSTRY None
13	O USUAL RESIDENCE (Where dece	11: 5:15 -25 - 0 1 1 /	13c CITY OR TOWN 13d INSIDE CITY		
od	lmission) STATE Marvlan	d 13b COUNTY Talbot	Easton YE	©□ Glenwood A	we Easton Md.
/ 14	FATHER'S NAME First	Middle Lost	35. MOTHER'S MAIDEN NAME		Lost
	Charles	A. Hawkins	Rosa	Ella	Warrick
16	O. WAS DECEASED EVER IN U.S. AL	MED FORCES? 166 SOCIAL SECURITY N		Address	110422201
-	Yes, no, or unknown) (11 yes give	war or dotes of service) 218 24 5	431 William Cor	per. Easton.	Maryland
F		only one cause per lime for (a), (b), and (c),	- Cours ame	11.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART 1. DEATH WAS CAUS	ED BY:	To Gram breat	IM Mesia	BETWEEN ONSET AND DEATH
	, IMMEI	DUE TO, OR AS A CONSEQUENCE OF			
	Canditions, if any, which gave		as long town town		
	ase to immediate cause (o)	(b)	x my wordy		
	stating the underlying coust	10 to 10, ok AS A CONSEQUENCE OF	•		
1	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
	6: .			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
CEPTIFICATION	190 DATE OF OPERATION 19	CONDITION FOR WHICH OPERATION WAS PE	FORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS	S CONSIDERED IN CERTIFYING
	6/16/67	homones	YES NO	CAUSES OF DEATH?	
				er nature of injury in Part 1 or Part :	2. Item 18.)
MEDICAL	OR CONTRIBUTING CAUSE OF OF	ATH HOUR A.M Manth Day Year niner) P.M. 19			,
E S		niner) P.M. 19 9. PLACE OF INJURY (AT HOME, FARM, STREET, EAC OFFICE BUILDING, ETC.	IORY.) 21f LOCATION Street or R.F.D. No.	o. City or Town	County State
Н	While Not while at work at wark	OFFICE BUILDING, ETC.	,		
П	220   certify that (1) (	his hospital) attended the decease	d from 6//2 190	18,106/15	194 + that (I) (we) lost
н	saw the deceased	alive anl	9, and that in (my) (aur) ap	inian death accurred on the	date and hour ond from the
1		ve, (1) (we) (did) (did nat) view the l	oody after death.		
П	22b. SIGNATORE	. 57011.1. 1	ATTENDING DA	MED. C STAFF C 22	R. DATE SIGNED
П	xuann	/ weerhan		MED. STAFF DIRECTOR PHYS	1-410
	22d. PHYSICIAN'S NAME (Type) Jus	tin T. Callahan	22e ADDRESS	own Lane, Eas	ton. Md. 21601
	0 43		EMETERY OR CREMATORY	23d. LOCATION (City or Town)	
23	Bo. BUR AL, CREMATION, 238 REMOVAL (Specify)			Newtown	(County) (Stote) Talbot Fid.
. 24	4. FUNERAL DIRECTOR	6/23/68 Newto	The second		R'S SIGNATURE
H.	~	ashiell 426 Dove	Easton, Md. DAIE	6 2 7 1968 Year	ares Judge
1	TATIOTA NO T	COLLECT 4CO NOVE	JAIL DAIL		

MAKYLAND STATE DEPARTMENT OF HEALTH



V I	40	ms 18,21a,22a film MARYLAND STATE DEPARTMENT OF HEALTH 2 7-24-00 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	. 3
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.		CEASED NAME First Middle Lost 2a DATE KNOWN Month D OF ESTI-	Day Year 2b HOUR 15 1968 8 A M
2, and 3 to PM3. Page	3 S		Year 1968 A M
Pepor		IRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DEVORCED 12/6/5	Md
fer death Give Pages ang with four th the State		TY OR TOWN OF DEATH 11 NAME OF HOSPITA, OR INSTITUTION (If not in haspitol 12a USUAL OCCUPATION (Kind of work gone 17	2b. KIND OF BUSINESS OR NOUSTRY Irucking
hours after death Hem 18. Give Pages 1, Office along with form and with the State De offer death	13a o	USUA. RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LANTS? 13e STREFT AND NUMBER for Story Art 1 and 13DOWN nester Federalsburg YES NO R. F.D. #1	
	14 (	ATHERS NAME First Middle Lost IS MOTHERS MAIDEN NAME First Middle Luther H. Covey Mary N. Nichols	Lost
thin 24 miner's paget haurs	16a. (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS 85, no. or unknown) (Hyes give wor or dones of service) 218-16-8278 Mrs. Lennie W. Covey, Federalsbu	
ad with in per in per in Exam I Exam I. File		18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cerute ding" edica ermit		PART I. DEATH WAS CALSED BY. IMMEDIATE CAUSE (a). Coronary Insufficiency	
be ex "pendief Milef Mil		Canditions, (rany, which gove)  Advanced general arteriosclerosis  (b)	
should be executed wit re ward "pending" in pe a the Chief Medical Exar burial-transit permit. File I in any event within 72		tise to immediate cause (a), stating the underlying cause last.  (b)  DUE TO, OR AS A CONSEQUENCE OF	
ficate ing the ing the ided to ided to ided to ide idea in idea idea idea idea idea idea idea idea		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
Ity DICAL EXAMINER: This certificate should be executed within 24 hours after death ry, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Page eral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with be retained for your files.  RAL DIRECTOR: Page 3 should be used as a burial-transit permit. File paget 1 and 2 with the Star prior to burial, cremation, or remaval, and in any event within 72 hours offer death	MEDICAL CERTIFICATION	, LU /Encephalomalacia  19a DATE OF OPERATION  19b CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20. AUTOPSY? YES A NO
Thi ifficat d be d be	1 CERT	2 o EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day Year PRIMARY OR CONTRIBUTING HOUR A.M. C 7 5 69	
INER: e cert shauld files. 3 shau ation,	AEDICA	CALSE OF DEATH  CALSE OF DEATH  21d INJURY OCCURRED  21d INJURY OCCURRED  21d INJURY OCCURRED  21d INJURY OCCURRED  21d LOCATION Street or RFD No  City or Tawn	Caunty State
bical EXAMINER: se execute the cert ectar. Page 4 should ned far your files. iECTOR: Page 3 should burial, cremation.	1	Instant office building stall	or. Md
Xecul Xecul Far y far y OR: P		22a   certify that I taak charge of the remains described above, held an Autopsy 💬, Inspect on 📋, Inquiry 📋,	7 1
please e I director retained I DIRECT iar to bu		death resulted fram Natural causes 🕱, Accident 🗋, Suicide 📋, Hamicide 📄, Undetermined manner	
DEPUTY  Dical EXAM  necessary, please execute the funeral directar. Page 4  5 may be retained for your  FUNERAL DIRECTOR: Page  Health prior to burial, crem		ACTUAL SIGNATURE  SIGNATURE  MD ASS STANT MEDICAL EXAMINER  22b DATE SI  6-3	IGNED 15–68
TO DEPUTY necessary, the funera 5 may be TO FUNERAI		EXAMINER'S NAME (Type)  Louis S. Welty for ADDRESS(Street, city, town, or county)	
5 5 5 5		Burial June 18,1968 Hill Crest Cemetery Federalsburg, Ma	
VR A15ME B	J.	J. Framptom and Son, Federalsburg, Maryland DATE JUN 21 1968 VClia	GNATURE
			0 0



1	x / 1		MARYLAND STATE DEPARTMENT OF HEALTH	*
	NA.		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	w d
FOR STAT		1	tem2a, FilmG401 6/2MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
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200	d	3. \$		
deloy nd 3 3. Pa			DATE OF DATE OF DATE OF CONTROLLED OF THE	Yeor / 12 HOUR
y or the			Have Write 11/1/1898 169 YRS	19 GJ J.A. M
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ter di Give ong w		130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
ofter 8 Giv olong	death.	0		1
118 118 12	-	=	0 10 10 100 100000	
hours Item 18 Office	after	14 1	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 In II Is I	, in		Edward H. Fairbank Wilmina Lewis	
hin 24 nal is niner's	hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
within penal xamine		()	es. no. pryoknown) (Myes give war or dates of service) 220-26-3345 Mrs. Samuel J. Fairbank, Eastor	2. Ad.
G &		_	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))	APPROXIMATE INTERVAL
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e execut pending ef Medic	`		IMMEDIATE CAUSE (0) PULMONARY HEMORRHAGE	
enc enc ex	_		DUE TO, OR AS A CONSEQUENCE OF	
be "pe hief	9		Cond tions, if ony, which gove (b) BRONCHOGENIC CARCINOMA	
world world the Cl	n y		Stoting the underlying couse Due TO, OR AS A CONSEQUENCE OF	
	in ony event		lost 1	
a ± -			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
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ritir oro d o	val,	NO	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
certif , writ orwor	0E	2	WAS PERFORMED?	
This icote, be fo	<u> </u>	CERTIFICATION		YES NO
± -, -	ō		216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. 216 HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	m 18)
INER: Te certification should be files.	on,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M.  CAUSE OF DEATH P.M. 19	
INI She she	afi	MEE	21d INJURY OCCURRED 21e PLACE OF INJURY (At nome, form, street, 21f LOCATION Street or R.F.D. No City or Yown	County State
EXAMINER: cute the cert-oge 4 should ryour files.	cremation,		WHILE NOT WHILE Office building, etc ]	
olcal EXAM pleose execute the director Poge 4 director Poge 4 DIRECTOR: Poge	,			
O for the second	to buriol,		22a. I certify that I taok charge of the remains described above, held an Autopsy 🔀, 💹 Inspection 🗍, Inquiry 🔲,	and in my apinian
SICO cron red	مَ		death resulted fram: / Natural couses 🔃 , Accident 🗌 Suicide 🔲 , Hamicide 🔲 , Undetermined manner [	
eos Fair	\$		CHIEF MEDICAL EXAMINER	
- u	prior		ACTUAL SIGNATURE MD. ASS STANT MED CAL EXAM.NER 22b DATES.	IGNED
UTY Jay, Dero be			FORTOUTV AND ALL EVALUATION OF THE STATE OF	11-68
DEPUTY necessary, p the funerot may be re	# <		EXAMINER'S NAME (Type)  LOUIS S. WELTY  ADDRESS(Street, city, town, or county)	
O DEPUTY necessary, the funero S may be O FINERA	Health	22-		(County) (State)
2	0	736	PERMITTED (Specific)	(2.01e)
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	60	. 24	FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 250 REGISTRAR 250 REGISTRAR 5 S	GNATURE.
VR A15M	E (5) \ 3	P.	DATE JUN 14 1968 yours	The state of the s

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		MARYLAND STATE DEPARTMENT OF HEALTH	
1	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	110
7 VI-B		CERTIFICATE OF DEATH	2 %
	1 0	ECEASED-NAME First / Middle Last 2a DATE OF DEATH	Zb. HOUR
death neral and 2		Inna or write the state of the	Year 20 1100 11
deal and and	L	Thomas URBAN GOLT 6-27-	6 6 1917.M
ter frei frei	3. SI		NDER I YEAR IF UNDER 24 HRS. THS I DAYS HOURS MIN
haurs after by the f		MALE White December 7, 1885 By brinday) YRS. MON	
by au		BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH,	
	Can	MINIMARCHARD U.S.A. WIDOWED DIVORCED TALBOT	Md.
in 24 filled hin 77	10	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital like, even if retired)  220 USUAL OCCUPATION (Kind of work done like are street oddress) // ordering most of working life, even if retired)	26 KIND OF BUSINESS OR
within till the state of the st	L		NDUSTRY FARMING
	130	USUAL RESIDENCE (Where deceased lived of ynstitution: Reg dence before 122. CITY OR TOWN / I3d INSIDE CITY LIM TS? 13e. STREET AND NUMBER	
canpl canpl cave (	adm	"SSION) MAKELAND 13 COUTE #1	
d c	14	FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
The law requires that the death certificate be executed attending physician. has been signed by the attending physician and complese as the burial-transit permit. Then blease remare to the priar ta burial, crematian, ar remaval, and in any events.		JOSEPH SAMUEL GOLF HENRIETTA HITONZA SHER	Runod
yte cyan eas		. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT - GE Address	A/1 4
physical phy	)	(es, no 9) unknown) (If yes give war or dates of service) 219.34.3014 (IRS, IRRY K. Och Cultions from	11kl
na cert		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))	APPROXIMATE INFERVAL BETWEEN ONSET AND DEATH
ne death cer ottending p permit. The		PART I DEATH WAS CAUSED BY	3 Laws.
dec tranii ', or		IMMEDIATE CAUSE (a)	- /
e at pe		DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave )	
the the nosit p	1	rise to immediate cause (c).	
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equires 1 physitio signed 1 burial-ti burial, c		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
e taw re tending 1s been as the priar ta	l <sub>e</sub>	441X Cenal Juilene	
for the state of t	Ĭ	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSI	DERED IN CERTIFYING
The atternation of the second of the principle of the pri	CERTIFICATION	AES   NO X	
ate or cate		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item	18.)
PHYSICIAN: e haspital or his cerrificate stacked far u Dept. af Heaft	MEDICAL	GOR CONTRIBUTING GRAND GORATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19	
res che	Æ	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town	ounty State
IDING PHY d by the h After this d be detac		lat wark at wark	
NG by t ter ter fots	1	220. I certify that (1) (this hospital) attended the deceased from 26 from 1968, to 27 from 1968 sow the deceased alive on 26 from 1969, and that in (my) (our) opinion death occurred on the date of	, that (i) (we) last
A A A A		sow the deceased alive an 24 free 1948, and that in (my) (our) opinion death accurred on the date of	and hour and from the
OR Dine		causes stated above, (i) (we) (did) (did nat) view the body after death.	
L OR ATTENDING be retained by the DIRECTOR: After 1 ge 3 shauld be died with the State		226. SIGNATURE Bran In Harrison DEGREE PHYS DIRECTOR DIRECTOR PHYS. 220 DATE	
6 8 8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6		1 oran long VIEWER IN DEGREE PHYS A DIRECTOR PHYS. 427	pene 18
AL AL Page Page Page Page Page Page Page Page		22d PHYSICIAN'S NAME (Type) THURSTON TARRISIN 22e. ADDRESS Cas for longle	
O HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. of Health priar to burial, creating.			
2 8 5 5 5 5 C	23a		(State)
5 5 5 2 ×	L	TX/2/4 Free -11. 100 31. 18/12/2 CEINE IN THE WEST 10.04 (DOCK)	STIMMES !!! CI.
VR A15 [4]	24.	FUNERAL DIRECTOR BARCES BARCES ADDRESS REGISTRAR S SIGNARY SIG	NATURE
30M REV. 1/68		Khan of Barton M. DATEJUL - 1 1000 genare	A July



			MAKYLAI	AD ZIVIF DI	EPARIMENI OF HEAL	.TH	
- A (NAV	1		DIVISION OF VITAL RECORDS	, 301 W. PRE	STON STREET, BALTIMOI	RE, MARYLAND 21201	1 6 14
	1	0000		•	TE OF DEATH	,	. + 5
	3 0		4 10	CERTIFICA		OLTE OF OCUTE	Tax 10000
eral and 2 feath.	(1)	CEASED NAME First ype or print)	Clark	HA	CRISON 20	DATE OF DEATH  Month  Doy	Year 25. Hour
fun J	3. SE		4. RACE	S	DATE OF BIRTH		FUNDER I YEAR   IF UNDER 24 HRS
rs aft the Pages Irs aft		male	white		9/5/1917	lost, but I day) YRS.	ONTHS DAYS HOURS MIN.
hau Tau	7a. I	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED 🗠	NEVER MARRIED 9. CO	UNTY OF DEATH	
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hin 7 fille ithin	10. (	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II give Areet address)	STITUTION (If not i		UPATION (Kind of work done working life Even if refired)	126. KIND OF BUSINESS OR INDUSTRY
with telly with w.t.	20-	PHOTO V	Menok	14/15	- Ludy Start Land	ing (yenchail)	
TO HOSPITAL OR ATTEMBING PHYSICIAM: The law requires that the death certificate be executed within 24 haurs after death.  Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Dept. at Health priar to burial, cremation, are mand, and in any event, within 72 haurs after death.	odm	ssion) STATE any land	d lived, if institution. Residence before 13b. COUNTY albox	13c' CITY 'OR TO	YES X NO	340 N. Washin	gton St.
d co	14.	ATHER S NAME First	Middle Lost	1s. N	NOTHER'S MAIDEN NAME First	Middle	Lost
n an Se re	L	Fred S. Harri			Eleanor Lomas	د	
cate sicia plea	160. Y	WAS DECEASED EVER IN U.S. ARME es, ng. gr unknown) 1 (1 yes give wo			4 12	Address	
Shy rtiffi		es, na, ar unknawn) (f yes give wa	218-03-16	628 Mr.	s. Levi Harri	son, Caston, Md	
9 5 6		18. CAUSE OF DEATH (Enter only	one couse per line far (o), (b) and (c	).)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
€ / E * E		PART I. DEATH WAS CAUSED	BY: (a) auti	much	cardial h	Maretino	annelista
- SA & S S		4104	DUE TO, OR AS A CONSEQUENCE O	: (		1	
- 4		Conditions, if ony, which gove	,	)		V	
y th	l '	nse ta immediate cause (o).	(b) DUE TO, OR AS A CONSEQUENCE O	:	· · · · · · · · · · · · · · · · · · ·		
t signature.		stating the underlying cause	(c)				
ure Jane Jane Iria			DITIONS CONTRIBUTING TO DEATH BUT	MOT DELATED TO T	HE TERMINAL DISEASE OF CONDIT	TON CIVEN IN DART 1/-)	
req ng pl nn sign	_	4201	OHIONS CONTRIBUTION TO DENTIL BUT	NOT RECALED TO IT	TE TERMINAL DISEASE OR CONDIT	ION ONEN IN PART I(0)	
law ndir bee s th			ONDITION FOR WHICH OPERATION WAS P	ERFORMED	20o AUTOPSY?	206 IF YES, WERE FINDINGS CON	SIDERED IN CERTIFYING
he ase as pr	CERTIFICATION				YES NO	CAUSES OF DEATH?	
or or ose	CER!	210 ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW		re of injury in Port 1 ar Part 2, Iter	n 181
de la		OR CONTRIBUTING TO CAUSE OF DEATH	HOUR A.M. Month Day Yea	r	MOONT OCCURRED (EINER HOLD	re or injury in Form a da Form 2, inst	11 10.1
SIC spilt spilt ed ed	MEDICAL	(If either, natify medical examine	er) PM.	19	YION C. A GED M.		C
O HOSPITAL OR ATTEMBING PHYSICIAM: The law requires that the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the adirector, page 3 shauld be detached for use as the burial-transit perspected by the state Dept. at Health priar ta burial, crematian	-	21d. INJURY OCCURRED 21e. F While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET, F OFFICE BUILDING, ETC.	ACIONT, J. 211 LOCA	TION Street or R.F.D. No.	City ar Tawn	County State
NG Y # er t ate			hospital rottended the decen	sed from Ou	cm 64,19	10 June 19 (	that (I) (vve) lost
d b d b d b d b si d b		saw the deceased oli	hospital) attended the deceo	19 67, and t	hat in (my) (aur) opinian	death occurred an the date	and haur and from the
a garage	1	couses stoted above,	(I) (we) (did) (did not) view the	bady after de	ath.		
Manager Parager And		22b. SIGNATURE	800		ATTENDING MED	STAFF 22c DA	TE SIGNED
Dis 3		ther	C Cazx	DEGREE	PHYS. Let DIRECT	OR LI PHYS. LI /	-2-6
IAI Oy Pag e fil	1	22d. PHYSICIAN'S NAME (Type) St.e.	-ban B Carrier	M.D.	Easton, Mary	7land 7/2	2/68
SPITAL 4 may lERAL l or, pag d be fil			phen P. Carney			1/4	7
Page of Fun	230	BURIAL CREMATION, 235-0	ATE 0/1968 234 NAME OF	CEMETERY OF CR	EMATORY Park 230	LOCATION (City or Town)	(County) (State)
225500		KEMUWALDPOUTLE 0%	30/ 1900 Wood	caun me	moreal Park (	aston, Md.	
VR A15 (4)	24.	FUNERAL DIRECTOR ,	ADDRES	5m. 1	250 RECD BY REC	ISTRAR 25b, REGISTRAR'S SI	GNATURE
30M REV. 1/68	11	serves Kilk	Sell ding & Sh	E Antant	THO PUL - 9	1868 Schanle	1 Judge



		MARTLAND STATE DEPARTMENT OF HEALTH  OF STATE DEPARTMENT OF HEALTH  DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	3
FOR STATE A		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	<u> </u>
HEALTH DEPT	1.6		. M. Jal 1919
		Type or Print)	ay Year 25 HOUR 9 1968 M
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any delay is 2, and 3 ta PM3 Page partment of	`	F W 30 Mar Ol Most birthday) MONTHS ONYS HOURS MITH Day	Year 1968 1685
PA PA	7a.	BIRTHPLACE (Stote or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED 9. COUNTY OF DEATH	176 7 1 C BW
arm.,		Md USA WIDOWED DIVORCED TO TO TO	- 114
arth agges h fo	10.	TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If pat in hospital 120. USUAL OCCUPATION (Kind of work dane 12)	b KIND OF BUSINESS OR
after death Ony delay is 8. Give Pages 1, 2, and 3 ta atong with farm PM3 Page with the State Department of eath.		n ve street address) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	pustry home&cannery
Gav Sing Sing	13a	INITIAL RES DENCE (Where deceased lived if instituting Residence before 13s CITY OF TOWN 13st INSIDE CITY UNITS? 13st STREET AND NEIMARDS	iome a canner,
S 04 W	0	dmission) STATE Md 13b (OUNTY Dor Rhodesdale YES NO	
haurs a litem 18. Office at laged 2 wy	14.	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
ris of ri		Samuel P. Vane Margaret Milligat	n
hin 24 nol in niner's pages hours	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	
t within in pencil Examine File pag	,	(es narorunknown) (Hyes give wor or dores of service) 215-36-05/11 J.W. Hockersmith, Rhodesdale	,Md.
be executed wi "pending" in pe net Medical Exa ansit permit. File event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) ) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in net Medical E. ansit permit. F event within		IMMEDIATE CAUSE (a) Myocardial failure	
ex end if p		d501 DUE TO, OR AS A CONSEQUENCE OF	
shauld be e ne ward "per a the Chief! burial-transit		(b). Endogenous obesity, diabetes mellitus	
shauld e ward 1 the Ch oursal-tra		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
she variate to the transfer of		lost. 2 (c) (c)	
This certificate shauld licate, writing the ward be farwarded ta the C d be used as a burial-tr ar remaval, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
riffin vard val.	NO	Auto acc.5-6 c fractured humerous ff by traction  190 DATE OF OPERATION  196 COND TION FOR WHICH OPERATION	20 AUTOPSY?
s certif s, writi farwar used emava	FICAT	WAS PERFORMED?	YES NO
Thus iccute, be far ar rec	CERTIFICAT	21o. EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of in Jry in Port 1 or Port 2, Item	
INER: 1 e certific shauld b files. 3 shauld artian, a	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A M 5-6- 1968 pass in car in accident	
INE constitue of the co	MED	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f, LOCATION Street or R.F.D. No. City or Town	County State
CAM e 4 aur aur age cren		WHILE NOT WHILE factory, office building, etc) AT WORK AT WORK I highway nr Rhodesdale Dorchester	Md
ICAL EXAMINER: e execute the certifur. Page 4 shauld ed for your files. iCTOR: Page 3 shau burial, crematian,		22a. I certify that I took charge of the remains described above, held on Autopsy , Inspection X, Inquiry ,	
CTO for the particular of the		deoth resulted from: Notural couses , + Accident K, Suicide , Homicide , Undetermined monner	]
ease irrection that		CHIEF MEDICAL EXAMINER	
ITY, ple eral di be reft RAL DI		SIGNATURE ACTUAL MD ASSISTANT MEDICAL EXAMINER 226 DATE SIG	NED
PUTY sary, unera y be IERAI		for DEPLITY MEDICAL EVAMINED TO	10-68
necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, the funeral directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with farm 5 may be retained for your files.  Smay be retained for your files.  To FUNERAL DIRECTOR: Page 3 shauld be used as a bunal-transit permit. File pages (lagd-with the State De Health prior to burial, cremation, or remayal, and in any event within 72 hours after death.		NAME (Type) louis s.welty ADDRESS(Street, city, town, or caunty)	
5 = = ~ 5 = V	230	DEMOVA (Specific)	aunty) (State)
0 4	0.1	REMOVA (Specify)  Burial Gune 11,1968 Washington Cemetery Hurlock, Md. D	
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	MAKTLAND STATE DEPARTMENT	OF HEALIH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET,	
L	CERTIFICATE OF DEA	
ŀ	D NAME First Middle lost	20. DATE OF DEATH 2b. HOUR
	UIVA TIXON Heucth	June 30, 1968,19-P.
3	4. RACE S. DATE OF BIRTH	6 AGE (In years Funder 1 Year IF UNDER 24 ARE LOURS M.)  8 3 YRS.
L		
1	LACE (Stote or foreign 7b. CHTIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED DIVORCED DIVORCED	
ī	R TOWN OF DEATH FILL NAME OF HOSPITAL OR INSTITUTION LIT not in hospital 312	Ze. USUAL OCCUPATION (Kind of work done 12h KIND OF RUSINESS OR
l	Easton   diversite of olders   Gives freet oddress   The Pines   diversite   Gives freet oddress   Gives freet	ind most of working life, even if retired.) INDUSTRY
	RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSTITUTE AN YES	SIDE (ITY LIMITS? 13e STREET AND NUMBER
Ī	S NAME First Middle Last IS. MOTHER'S MA, DEN	NAME First Middle Lost
ı	HNT. HOWETH SARA.	H HARDISON
ı	DECEASED EVER IN U.S. ARMED FORCES? [16b SOCIAL SECURITY NO. [17 INFORMANT]	Address
L	or unknown) (1 yes give war or dates of service) 577-63-91029 WILLIAM	HOWETH, WITTMAN, MTD
ľ	AUSE OF DEATH (Enter only one cause perige for (a), (b), gnd (c))	APPRÖXIMATE INTERVA. BETWEEN ONSET AND DEATH
l	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DRONGHOPNEU MONI	A I wk.
ı	DITE TO DEAS A CONSEQUENCE OF	100
1	a immediate cause (a), (b) TAR Advances PARKINS	ONS DISEASE YRS
1	g the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
1	(t)	
1	2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1(0)
	<u>-</u>	
	NATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	YES	NO [
	CONTRIBUTING TO CAUSE OF DEATH HOUR A.M. Month Day Year	D (Enter noture of injury in Port 1 or Part 2, Item 18.)
	her, notify medical examiner) P.M. 19	ATO M. C. T.
	INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.)  21f, LOCATION Street or R  Not while	t F.D. No. City or Town County State
	ik di wurk	19 63 to 200 3019 60 that // /wal li
	saw the deceased alive an 19 and that it (my) to	ur) opinian death occurred on the date and hour and from t
	causes stated obove, [] (we) (did) (did not) view the body after death.	
ł	SIGNATURE ATTENDING ATTENDING	MED STAFF 22c DATE SIGNED
l	DEGREE PHYS	DIRECTOR PHYS. D 7/6/68
1	PHYSICIAN'S NAME (Type) S. KLECH, JR. 22e. ADDRESS!	ASTON, Mt.
1	AL CREMAT QUE) 236. DATE 23c Mame OF CEMETERY OR CREMATORY	23d LOCATION (City or Town) (County) (State)
	MERSHELL 7/3/1968 SPRING HILL	FASTON, (ID
	AL DIRECTOR ADDRESS ADDRESS	REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE
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tate	10. CI	TY OR TOWN OF				1	\ (If not in hospito			N (Kind of work o	lone 12b KI	IND OF BUSIN	Md. IESS OR
haurs after death Item 18 Give Pages 1, Office along with farm Land 2 with the State De		Eastor			emorial			during m	ast of warkin	g life, even if retirem. Scho	red.) [INDUST		
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w thin 24 haurs pencil in Item 1 xamaers Office ile aggs   Tand 2 72 haurs after d		VAS DECEASED EVE is, no, or unknown			166 SOCIAL SECU 216-12-	A	17 INFORMANT		- 04	ADDRESS		. 1	
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ICAL E. tor. Page der far CTOR: Purial, burial,		22a. 1 c	ertify that I t	taak charge of th			e, held an Aut	opsy <b>X</b> ,	Inspection	, Inqui	ry 🔲, c	and in my	apinion
JTY please eyeral d'rector. be retained RAL DIRECTO		death res	ulted fram:	Natural cous	es 🔲, 🗛	udent 🔀,	Suicide 🔲,	Homicide	, Und	etermined mo	nner 🔲		
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o DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your O FUNERAL DIRECTOR: Page Health priar to buriat, crem		EXAMINER'S NAME (Type)	Gnarie	es S. Spr	ingate,	M.19.		PUTY MEDICAL E DRESS(Street, ci	_		une 27	1968	3
TO DEPU necessal the func 5 may 1 10 FUNEI Health	23 a.	BURIAL, CREMATI		. DATE	23c NAA	ME OF CEMETER	OR (REMATORY			N (City or Tawn)	(Caunty	y) (Sto	nte)
00		RPMOVAL (Specification)		ne 29, 19	68 The	mas Men	morial Co	meterv	St. M	ichaels.	Maryl:	,	
W	24/	UNERAL DIRECTO		0		ADDRESS	1-1	2Sa REC D B	BY REG STRAR	2Sb REGISE	FRAR'S SIGNATU	IRE	
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		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4. 7 88
•		CERTIFICATE OF DEATH	2 4
€ -5.5		DECEASED NAME First Middle Lost 20 DATE OF DEATH (Type or print) Month Boy Ye	2b. HOUR
uneral vand	, '	Africs Afrisey Dennedy Le 3 6	V IEA I
the fu	3. SE	Male White 11/9/2000 1923 1923 1923 1923 19485. MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN
4 haur 1 in by sers. p	70. E	BIRTHPLACE (Stote or foreign   76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH   WIDOWED   DIVORCED   17   18   18   18   18   18   18   18	Mc
orthin 24 silled pap pap within 7	10. 0	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol during most of working life, even if retired )  120 USUAL OCCUPATION (Kind of work done life, even if retired )  125 N 12	ND OF BUSINESS OR RY
executed within 24 and campletely filled emove carbon page any event, within 7	13o odm	o USUAL RESIDENCE (Where deceosed lived, if institution. Residence before 13c CUTY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER TRISSION) STATISTICAL 13b. COUNTY Talbot Easton YES NO□ 21 Sycamore Ave	2.0
be exected and control in any	14. F	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN LAME First Middle Lula Coleman Middle	Lost
The law requires that the death certificate be executed within 24 haurs after death attending physician.  has been signed by the attending physician and campletely filled in by the funeral use as the burial-transit permit. Then please remove carbon papers. Pages 7 and 2 th priar to burial, cremation, ar removal, and in any event, within 72 haurs attendant.	160. Y	(b) WAS DECEASED EVER IN U.S. ARMED FORCES?  Yos, (b) or yinknown) (1) of shoping or dolless of service) 215-18-4172 (Mrs. James Kennedy, Easton, Md.	
oding plus. The			PPROXIMATE INTERVAL WEEN ONSET AND GEATH
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quires that the physician. signed by the burial-transit burial, cremat		storing the underlying cause last.  (b)  DUE TO, OR AS A CONSEQUENCE OF	N-10001
requires g physici signed burial-		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
AN: The law re all or attending icate has been for use as the Health prior to	CERTIFICATION	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?  YES NO CAUSES OF DEATH?	IN CERTIFYING
IAN: The all or att ficate har far use Health M			
FHYSICIAN: The law requires the haspital or attending physician. This certificate has been signed by effocted for use as the burial-trait. Dept. of Health prior to burial, cre	MEDICAL	While Not while of work of work	State
ATTENDING Proined by fl CTOR: After should be d rith the State		220. I certify that (I) (this hospital) attended the deceased from 6 - 5 , 19 6%, to 6 - 5 , 19 6%, saw the deceased alive on 19 6%, and that in (my) (our) opinion death accurred on the date and h causes stated above (I) (we) (did) (did not) view the body after death.	thot([1])(we) los our ond from th
R ATTEM retained reCTOR: /		22b. SIGNATURE 22c DATE SIGNI	ED
Poge 4 may be retained to FUNERAL DIRECTOR: 4 director, page 3 should be filed with the		Robert W. Trever, M.D. DEGREE PHYS. DIRECTOR DIRECTOR PHYS CO 6-5-  22d PHYSICIAN'S Robert W. Trever M.D. 22e. ADDRESS ton, Maryland 21601	6/5/68
O HOSPITAL Page 4 may O FUNERAL I director, page	230	TO BURIAL CREMATION, 23b_DATE / 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County	) (Stote)
5 5 5 E	L	REMODERACIÓN 6/7/1968 (Voodlaun Memorial Park Caston, Md. ADDRESS- 1250. REGISTRAR 2 250. REGISTRAR 2 250. REGISTRAR 3 250. R	\$
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MARTLAND STATE DEPARTMENT OF HEALTH



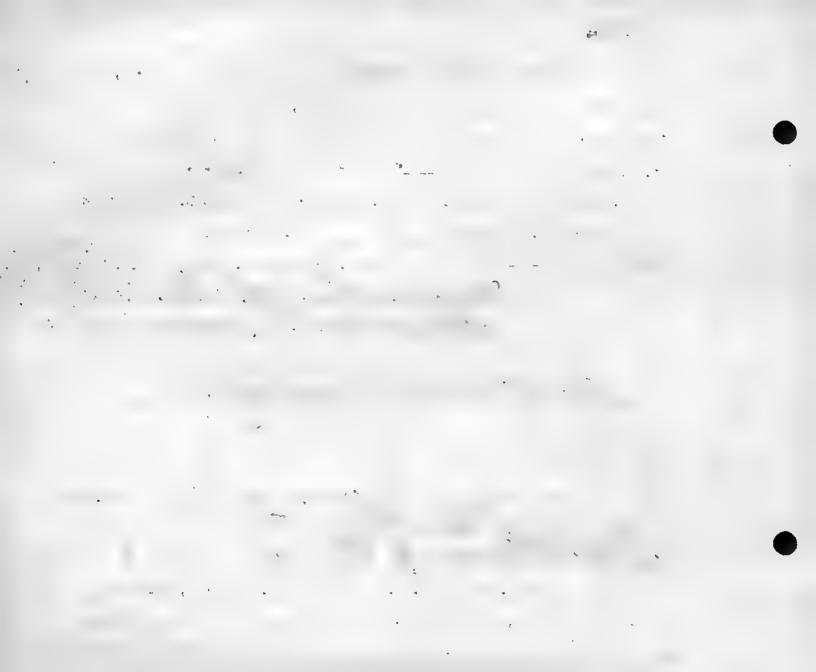
- A Marchael		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	9948						
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH							
HEALTH-DEPT.		PECEASED-NAME Type or Print) Kevin Clark X Dahman Lost 20 DATE KNOWN MONTH DEATH MATED 6 30							
deloy And	3 S	EX   4 RACE   5 DATE OF BIRTH   6 AGE (In yours   15 UNDER 1 YEAR   15 UNDER 24 HRS   20. DATE PRONOUNCED DEAD   18 UNDER 1 YEAR   15 UNDER 24 HRS   20. DATE PRONOUNCED DEAD   18 UNDER 1 YEAR   15 UNDER 24 HRS   20. DATE PRONOUNCED DEAD   18 UNDER 1 YEAR   15 UNDER 24 HRS   20. DATE PRONOUNCED DEAD   18 UNDER 1 YEAR   15 UNDER 24 HRS   20. DATE PRONOUNCED DEAD   18 UNDER 1 YEAR   15 UNDER 24 HRS   20. DATE PRONOUNCED DEAD   18 UNDER 1 YEAR   15 UNDER 24 HRS   20. DATE PRONOUNCED DEAD   18 UNDER 1 YEAR   15 UNDER 24 HRS   20. DATE PRONOUNCED DEAD   18 UNDER 1 YEAR   15 UNDER 24 HRS   20. DATE PRONOUNCED DEAD   18 UNDER 1 YEAR   15 UNDER 24 HRS   20. DATE PRONOUNCED DEAD   18 UNDER 1 YEAR   15 UNDER 24 HRS   20. DATE PRONOUNCED DEAD   18 UNDER 1 YEAR   15 UNDER 24 HRS   20. DATE PRONOUNCED DEAD   18 UNDER 1 YEAR   15 UNDER 24 HRS   20. DATE PRONOUNCED DEAD   20. DATE PRONOUN	Year 19 68 5:10 M						
Depoi		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH  Manyland USA WIDOWED DIVORCED 7albot	Md						
offer death 8. Give Pages 1 olang with form =ith the Stafe D	10 (	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 12a. USUAL OCCUPATION (Kind of work done 12	KIND OF BUSINESS OR DUSTRY						
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14 FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle									
INER: This certificate should be executed within 24 e certificate, writing the word "pending" in pencil in should be forworded to the Chief Medical Examiner's files.  3 should be used as burial-transit permit File Rages aftion, or removal, and in any event within 72 hours.	160 WAS DECEASED EVER IN U.S. ARMED FORCES?  16b SOCIAL SECURITY NO  17 INFORMANT  ADDRESS  (Yes, na, or unknown)   (Yes give wor or dotes of service)								
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VER: The certification hould be lies. should be thought be the should be the contraction.	MEDICAL CER	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 19 Mounth, Day Year HOUR A M.  P.M. 19	(B.)						
(AM) e th e 4 rour age	MEG	21d INJURY OCCURRED  WHILE AT WORK  21e P.ACE OF INJURY (At hame, farm, street, foctory, office building, etc.)  21f LOCATION Street or R.F.D. No  City or Town	County State						
프랑한글등등		22a. I certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry,	and in my apinian						
SICAL te exector. For the form of the form		death resulted fram. Natural causes 🔲 , Accident 🔲 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🗌	3						
o DEPUTY DICA necessary, please e the funeral director S may be retained DEUNERAL DIRECT Health prior to bu		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 226 DATE SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGNATURE	SNED NO (S/						
o DEPUTY necessory, p the funeral S may be r D FUNERAL Health price		EXAMINER'S NAME (Type)  DEPUTY MEDICAL EXAMINER  ADDRESS(Street, city, town, or county)	ly 1768						
TO DEPU necesso the fun 5 may TO FUNE	230		County) (State)						
VR A15ME [5]		FUNERAL DIRECTOR E. NELVINAM & SON, Easton, Md. DATE DATE 3 1968 256 RECISERARS SW.	SNATURE Jonge						

MAKTLAND STATE DEPARTMENT OF HEALTH

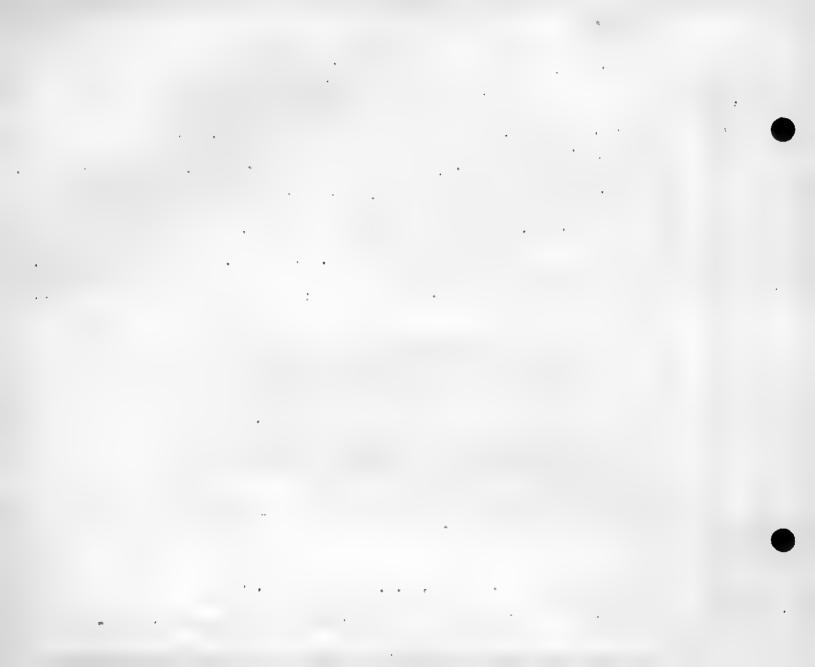


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 08044 CERTIFICATE OF DEATH Last 1. DECEASED-NAME First Middle 2o. DATE OF DEATH death. (Type or print) Month Doy Year **EMERSON** BDWARD LANGRELL 1968 lune 2 toours offer 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 3 SEX 6. AGE (In years lost birthdoy) DAYS HOURS MONTHS White Male May 16, 1903 65 YRS. 70. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED X NEVER MARRIED country) apers. WIDOWED [ DIVORCED [ Talbot County Pennsylvania USA Md 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR requires that the death certificate be executed within during most of working life, even if retired.)
Machinist give street oddress) INDUSTRY Power burial, cremotian, ar removal, and in any event, wit Chew Avenue remove carban & Light St. Michaels 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d INSIDE CITY JIM TS? 13e, STREET AND NUMBER 13b. COUNTY YES X NO Michae Chew Avenue Maryland Talbot 14. FATHER S NAME IS MOTHER'S MAIDEN NAME First Middie Middle gug Lillie Harris Bmerson P. Langred1 attending physician sermit. Then please 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT Address 206 B. Chew Av. Yes, no, or unknown) Henrietta F. Michaels. 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE signed by the burial-transit p Conditions, if any, which gove t nse to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse OTHER SIGNALICANT CONDITIONS CONCERBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior ta 190 DATE OF OPERATION 19b. CONDITION 20o AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ Page 4 may be retained by the laspital ar 210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTR BUTING CAUSE OF CEATH HOUR A.M. Month Day Year P.M (If either, notify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME, FARM, STREET FACTORY, ) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while of work 22a. I certify that (I) (this haspital) extended the deceased from 1964, to 6, 1964, the dots and that in (my) (ear) opinion death occurred on the dote and hour and from the gauses stated above, (I) (we) (did not) view the body after death 22c\_DATE\_SIGNED ATTENDING MED. STAFF DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) GUY M. REESER. M. D. St. Michaels, Maryland 23c. NAME DE CEMETERY IIIR CREMATORY 23d. LOCATION (City or Town) 23b. DATE 230. BURIAL CREMATION (County) (State) June 1. 196 Woodlawn Memorial Tark Baston, Maryland 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **BUNERAL DIRECTOR** 

MAKTLAND STATE DEPAKTMENT OF HEALTH



	_	MARYLAND STATE DEPARTMENT OF HEALTH							
			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
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	vsicians ospitol or certificate hed for us	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exami						
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs after Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the fur director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carban papers. Begged should be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 th use after the complete of the state of the	MEC	21d INJURY OCCURRED 21e While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FAR		or R.F.D. No.	City or Town	County State	
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	SPII 4 m d b d b		NAME(Type) Step	hen P. Carney, M.	D. Eas	ton, Md			
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w. /		MARILAND STATE DEPARTMENT OF HEALTH	
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W	•	CERTIFICATE OF DEATH	32
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ertit phy	9 9		APPROXIMATE INTERVA.
2 gr	= =	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))	BETWEEN ONSET AND DEATH
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<b>₹</b> ₫₩	2 <del>*</del> * * * * * * * * * * * * * * * * * *	G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year  (If either, notify medical examiner) P.M.	
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O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR: director, page 3 should spould be filed with the		NAME (Type) A. B.	. Cecil	J M.D. "E	aston, Mar	yland	7/1/68
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- 6	MARYLAND STATE DEPARTMENT OF HEALTH
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
1,	CEASED NAME ARTHUR COLEMAN Montgomery last 20 DATE OF DEATH 26. HOUR 29 Pear Print) ARTHUR COLEMAN MONTGOMERY Last 20 DATE OF DEATH Day Year 29 Pear 2
3.	X AGE (In years   Funder 1 YEAR   Funder 24 HRS.  Male White Aug 25, 1894   6. AGE (In years   Funder 1 YEAR   Funder 24 HRS.  Months DAYS HOURS MIN.
7o.	Pennsylvania USA   State or foreign   75 CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   9. COUNTY OF DEAT
10.	ITY OR TOWN OF DEATH  II NAME OF HOSPITAL OR INSTITUTION (If Act in hospital during most of working life, even if retired)  Real Estate  II NAME OF HOSPITAL OR INSTITUTION (If Act in hospital during most of working life, even if retired)  INDUSTRY  Real Estate
13c	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY UM/157 13e. STREET AND NUMBER SSIGN) STATE NO TELEMENT TAILOUNTY Talbot Wittman
14	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
L	Curtis W. Montgomery Augusta Depew
16	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) No  17 INFORMANT Address  Address  Veronica E. Montgomery, Wittman, Md.  APPROXIMATE INTERVAL
NOIL	Conditions, if ony, which gove is to immediate couse (a). Stating the underlying couse last (c) Due TO, OR AS A CONSEQUENCE OF (d) DUE TO, OR AS A CONSEQUEN
CERTIFICATION	YES NO CAUSES OF DEATH?  21o. ACCIDENT WAS UNDERLYING   21b TIME OF INJURY   21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
MFD.CAL C	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exominer)  P.M. Manth Day Year 19
	2 d. INJURY OCCURRED While Not while at work 2 lee. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R F.D. No. City or Town County State at work 2 lee. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R F.D. No. City or Town County State at work 2 lee. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f LOCATION Street or R F.D. No.
	22a. I certify that (I) (this hospital) attended the deceased from 19 2. and that in (my) (aur) apinian death occurred an the date and hour and from the causes stated above, (f) (we) (did) (sid not) riew; the body after death.
	226 SIGNATURE  226 SIGNATURE  PHYS DIRECTOR DIRECTOR PHYS. DIRECTOR DIRECTO
	NAME (Type) R. Lane Wroth, M.D. St. Michaels, Md.
230	BURIAL CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State)
	REMANYAL (Specify)  June 13,1968 Lawn Croft Cemetery Linwood, Pennsylvania
24	FUNERAL DIRECTOR Common Transformation and Disess 250. REC'D BY REGISTRAR 1968 REGISTRATE SIGNATURES JUNEAU DE STATE SIGNATURES SIGNAT
	grampery during Home tolderulating my DATE JULI I



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2		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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9 5 5 E		LIONEL JUSTIN KEYSER ELEANOR - WILLIS
.01 2.0.7.		2) WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates at service) 166 SOCIAL SECURITY NO 214-22-2580 ROBERT L. ROBERTS, SR. DOTUCASTER, EASTON, MARYLAND
de de la certa		18. CAUSE OF DEATH (Enter only one couse per (ne far ld), (b), and (c).)  APPROXIMATE INTERVA.  BETWEEN OMES AND DEATH
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at th		Conditions, if any, which gave is to immediate cause (a) (b) (a) all traded Runging for 3 days
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equires that the death ce physician. signed by the ottending burial-transit permit. Th burial, cremation, or rem		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
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The law requires the attending physician. hos been signed by se as the burial-train the prior to burial, cre	CERTIFICATION	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
or or or are lar us		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, frem 18.)
Pitcla pital pritific ad for of H	MEDICAL	CR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)  P.M. 19
SPITAL OR ATTENDING PHYSICIAN: A may be retoined by the hospital or IERAL DIRECTOR: After this certificate or, page 3 should be detached for uld be filed with the State Dept. of Heal	2	2 is. INJURY OCCURRED Value of INJURY (AT HOME FARM. STREET, FACTORY.) 2 if. LOCATION Street or R.F.D. No. City or Town County State at work of work
by 1 by 1 Stat		22o. I certify that (I) (this haspital) attended the deceased from, 19, to, 19, that (I) (we) los
TENI ined OR: A		sow the deceosed olive on
R AT reto		22b SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
V be y be oge	1	DEGREE PHYS. L. DIRECTOR PHYS. 23 June 165
FITA 1 mo 1 ERA 1 por, p	L.	NAME (Type) W.L.LATIMER LASTON, M.D
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. They please remove corban papers Pageoral be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.	230	REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY. 23d LOCATION (City or Town) (County) (Store)
VR A15 (4) 30M REV 1/68	24	FUNERAL DIRECTOR  AND RECTOR  AND REGISTRAR'S SIGNATURE  DATUN 2 6 1968  CLICATURE  DATURES
30M REV 1/68	1	Restor Par DANJUN 26 1968 Charles Judge

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Lost DECEASED-NAME First Middle 20. DATE OF DEATH event, within 72.45 ours after death. within 24 hours ofter death the funeral (Type or print) Month 1968 SUSAN ROUSE Tune 12 4. RACE 3 SEX S. DATE OF BIRTH 6. AGE (In years F JNDER 1 YEAR IF JINDER 24 HRS last birthday) DAYS HOURS White Female. March 4, 1887 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) Ξ WIDOWED DIVORCED [ Talbot County Vermont filled a HSA 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR give street oddress during most of working life, even if retired.) INDUSTRY Easton House I the Pines 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 34 UNSIDE CITY LUMITS? 13e STREET AND NUMBER keculed admission) STATE 13b. COUNTY YES NOX Maryland Talbot Raston burial, crematian, ar removal, and in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First First Middle Lost Middle Jason Rouse requires that the death certificate be Flora Sampson physician 166 SOCIAL SECURITY NO . 9 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Doncaster Yes, na, ar yaknown) attending phys Baston, Md. APPROX MATE INTERVA IB. CAUSE OF DEATH (Enter only one couse per ine for (a), (b), and BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (g) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **JUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health prior to least 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? CAUSES OF DEATH? No [ YES 🗀 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. (If either, notify medical examiner) 21d INJJRY OCCURRED 21s. PLACE OF INJURY ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Nat while at work 220. I certify that (I) (this hospital) affended the deceased from figure 1964, and that try (my) (our) opinion death occurred an the date and hour and from the causes stated above, (1) (we) (ant) (did not) view the body after death ALGNATUR 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYSICAAN'S 22e ADDRESS NAME (Type R. LANE WROTH, M. D. Michaels, Maryland 230 BURIAL CREMATION 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) Lincoln Cemetery 2 June 13,1968 Washington, D. C. 25b. REGISTRAR S. SIGNATURE 24: FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 1968



Nov. 16, 1905 lost Aughday) yps Months DAYS M	2b. HOUR  J 3 5 M  UNDER 24 HRS  DURS MIN  Md.
1. DECEASED NAME (Type or print)  3. SEX  4 RACE  W Nov. 16, 1905  Tem#13a, b, c, e, F11mGl <sub>1</sub> 02 7/12/68 (CERTIFICATE OF DEATH Might)  Day Yeor  Might Day (First Might)  AGE (In years lost Aughday)  MONTHS DAYS HI	2b. HOUR  J 3 5 M  UNDER 24 HRS  DURS MIN  Md.
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16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown)   If yes give war or doles of service)   032-18-5681   Emilie Stephens, Oxford, Id.	
TO BETHPLATE (Stole or forming)    P. CHIZEN OF WHAT COUNTRY?   B. MARRIED   NEVER MARRIED   S. COUNTY OF DEATH   P. COUNTY OF TOWN OF DEATH   P. COUNTY OF	AND DEATH
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OR CONTRIBUTING CAUSE OF DEATH  OF M. Month Day Year  19  21d INJURY OCCURRED  While Not while of work  A work  OFFICE BUILDING, ETC.  OF INJURY (AT HOME, FARM PREF. FACTORY.)  OFFICE BUILDING, ETC.	Stale
22a 1 certify that (I) (this hospital) at each of the deceased from 6, 1968, to 6, 1968, that (I) saw the deceased olive an 6, 30, 1968, and that in (m) (our) apinion death occurred on the date and hour an causes stated above, (I) (we) (did) (add not) view the body after death.	(we) last I fram the
22b. SIGNATURE  22b. SIGNATURE  22c. DATE-SIGNED 68  22c. DATE-SIGNED 68  22c. DATE-SIGNED 68	
22d. Physician's H. Walsh M. D. 22e ADDRESS Easton, Maryland 7/1/68	
	(Stole)
VR A15 (4) 30M REV 3/68  24. FUNERAL DIRECTOR ADDRESS  250 REC D BY REGISTRAR SIGNATURE 30M REV 3/68  25. Heverine terroral frome ADDRESS  25. Heverine terroral frome	

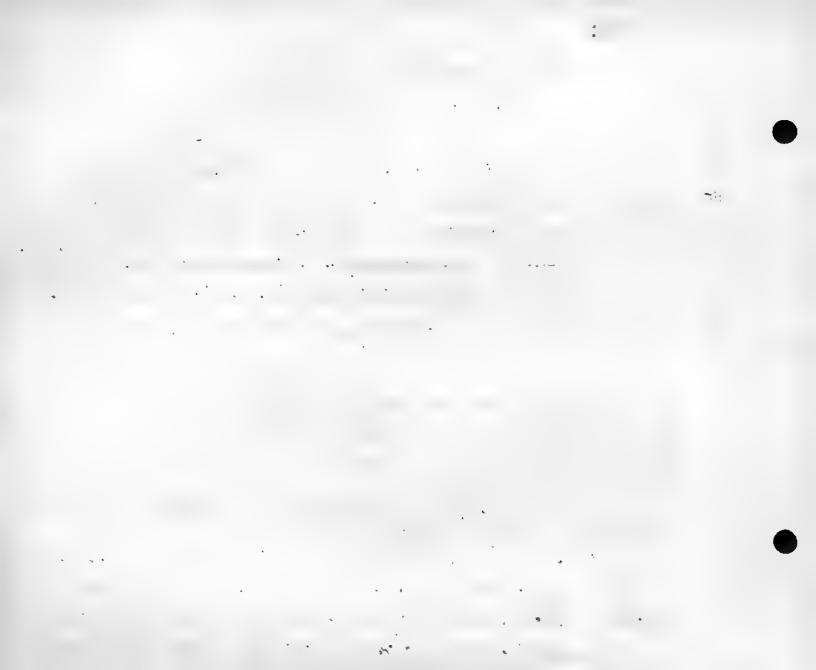


	MARYLAND STATE DEPARTMENT OF HEALTH									
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201								
		CERTIFICATE OF DEATH								
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rol rol	(T	ype or print) Kaller & MEININ 1007 and Doy Year of 5th M								
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■ 富 重 4 / /	10. C	1. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospito)  120. USUAL OCCUPATION (Kind of work done are street address)  121. NAME OF HOSPITAL OR INSTITUTION (If not in hospitof during most observer the area of the property of the								
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execution of the second of the	14 F	ATHER'S NAME First Middle Lost TS. MOTHER'S MAIDEN NAME First Middle Lost								
a / 5 5	N	PARVIN TAGGART NELLIE PAYNE								
ate lician		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address								
physici physici en ple ovol, a	Y	ospholor unknown) (Il yes give war or dates of service) 5-77-03-3153 MRS. R.M. TAGGART, DENTON, MD								
ne death certific catending phys permit. Then pian, or removal,		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) and (c) are couse per line for (a), (b), and (c) are couse per line for (b), and (c) are couse per line for (a), (b), and (c) are couse per line for (b), and (c) are couse per line for (a), (b), and (c) are couse per line for (a), (b), and (c) are couse per line for (a), (b), and (c) are couse per line for (a), (b), and (c) are couse per line for (a), (b), and (c) are couse per line for (a), (b), and (c) are couse per line for (a), (b), and (c) are couse per line for (a), (b), and (c) are couse per line for (a), (b), and (c) are couse per line for (a), (b), and (c) are couse per line for (a), (b), and (c) are couse per line for (a), (b), and (c) are couse per line for (a), (b), and (c) are couse per line for (a), (b), and (c) are couse per line for (a), (b), and (c) are couse per line for (a), (b), and (c) are couse per line for (a), (b), and (c) are couse per line for (a), (b), and (c) are constant are cons								
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cate or Lea		210. ACCIDENT WAS UNDERLYING  21b. TIME OF INJURY  21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)  10 ACCIDENT WAS UNDERLYING  11b. TIME OF INJURY  12c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)								
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has cel che	×	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY) 21f LOCATION Street or R.F.D. No. City or Town County State								
this left		While Not while of work								
NG Ny fil ter ter d		22a. I certify that (I) (this hospital) attended the deceased from 10 No 3act, 1965, to 10 No 1217, 1966, that (I) (we) last sow the deceased glive on 10 No 11 10 1967, and that in (my) (ear) appnian death occurred on the date and hour and from the								
d b d b d b e S e		sow the deceased alive on 10NE 11th 19 6%, and that in (my) (ear) apinian death occurred on the date and hour and from the								
Series Series		couses stated above, (I) (yee) (sid) (did not) view the bady ofter death.								
Marie Para Para Para Para Para Para Para Par		226 SIGNATURE ATTENDING MED STAFF 22c. DATE SIGNED								
DIN DIN DEC		100. Com (11) DEGREE PHYS. DIRECTOR DIPHYS. DI 1700								
NI N		22d. PHYSICIANS NAME(Type) CRWBA:NDD 22e. ADDRESS 22e. AD								
d by a series										
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5 5 5 4 4	R	EMOVAL 6/14/1968 BLANFORD PETERSBURGS VA.								
VR A15 (4)	34/1	FUNERAL DIRECTOR ADDRESS ADDRESS SIGNATURE								
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1		28253	DIVISION OF VITAL RECO		ESTON STREET, BAI ATE OF DEATH		AND 21201	,-0	
- 5	1 D	CEASED-NAME First	Middle	CERTIFICA	Last	2a. DATE OF DEA	Tu	<i>F</i> - <i>I</i>	2b. HOUR
death		una or mint)	ISE McNEAI	VA	LLIANT	Zd. DATE OF DEA	Manth 6 Day	15 Year 68	5 P A
<u> </u>	3. SI	X	4. RACE	S	. DATE OF BIRTH	6.	AGE (In years		UNDER 24 HRS.
		F	White		6-4-1879	l le	st birthdoy) YRS.	MONTHS DAYS HO	DURS MIN.
		BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEA	ATH		
	COD	Maryland	USA	WIDOWED		Ta	lbot		Mo
	1D. (	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	OR INSTITUTION (If not	in haspital 120 US	UAL OCCUPATION (K	d af work done	125 KIND OF BUS	INESS OR
7		EASTON	gya steet seddeess 11	THE PI	NES dering	most of working life, Housewif	aven it retired.)	INDUSTRY	
		USJAL RESIDENCE (Where decease ssian) STATE	ed lived, if institution Residence bi	efore 13c CITY OR T	OWN 13d INSIDE CIT	Y LIMUTS? 13e. STREET	AND NUMBER		
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	14.	ATHER'S NAME First	Middle E	ost 15	MOTHER'S MA DEN NAME	First	Middle		Last
			an Benny McNeal		MOIHERS WAS DEN NAME	Valiant			
	16a.	WAS DECEASED EVER IN U.S. ARM es, no, or unknown) (II yes give we NO	or or dates of service)	JKITT NU. 17 INF	UKMANI			nnapolis,	Md.
	<u> </u>		220-44-		rs. D. Ellw	rood Willi	ams, Jr.	APPROXIMATE	HATT COLUMN
		1B. CAUSE OF DEATH (Enter onleading PART 1. DEATH WAS CAUSED	y ane cause per line for (a), (b), a	nd-(c)-)	A. Fil.	hi. 11/1	Y	BETWEEN ONSET	
		IMMEDIA	TE CAUSE (a)	CONCELL	mucre	ravia.	recent	10 / VI	
		4. 1.	DUE TO, OR AS A CONSEQUENCE	CE OF	04.7	f	land.	122	. 1 7
		Conditions, if any, which gave a rise to immediate cause (a),	(b) \$\frac{1}{2}\lambda{1}\lambda{1}	rally	d Write	10 pl	repes		<u> </u>
		stating the underlying couse last.	DUE TO, OR AS A CONSEQUEN	CE OF				/	
			(c) DITIONS CONTRIBUTING TO DEATH I	DIT NOT BELATED TO	THE TERMINAL DISEASE O	PCONDITION CIVEN IN	DADT 1/a)		
	_	4 54	DITIONS CONTRIBUTION TO DOCTOR	JOI NOI KLONED TO	THE TERMINAL DISEASE O	A CONDITION OF CITEM IN	I HUE If al		
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X	CERTIFICATION				YES NO	CAUSES OF	DEATH?		
		210 ACCIDENT WAS UNDERLYIN			V INJURY OCCURRED (En		Part 1 or Port 2, 11	tem 18.)	
	질	or contributing Cause of Death (If either, notify medical exomin	HOUR A.M. Month Doy ler) P.M.	Year 19					
	MEDI	21d INJURY OCCURRED 21e.	PLACE OF INJURY ( AT HOME, FARM, STR OFFICE BUILDING, ET	EET, FACTORY ) 21f. LOCA	ATION Street or R.F.D. I	Na. City or 1	awn	County	State
		White Not while at work of wark	COLLEGE BOUTHIO, EL			/	7		
			s hospital) attended the delive an	ceased from Co	1111, 19	56. 10/54	West, 196	28_, that (I)	(we) las
		saw the deceased a	live an And And July (I) (we) (did) (did nat) view	1962, and	that in (my) ( <del>our)</del> a	pinian death occi	irred an the dat	te and havr and	fram the
		22b, SVSNMTURE	, (1) famel (and) (click) Alex	with print and a second	SOLLI.		72. D	DATE SIGNED	-
		K YACIAI	11/1/11	1) MREGREE	ATTENDING PHYS.	MED. ST	AFF U	2-17-6	C
		22d, PHYSICIAN'S	10000	-411/000	22e. ADDRESS	DIRECTOR - PI	113.		2
1		NAME (Type)	R. LANE WROTH.	M. D.		St. Michae	ls. Marv	land	
	230	BURIAL CREMATION, 23b. [		ME OF CEMETERY OR C	REMATORY	23d. LOCATION (			Stote)
		BELLESIA CO., SE S		rch Hill			•	Maryland	
1		FUNERAL DIRECTOR		DRES	2So RECT	BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	100
	1	January 16	Levalus &	J. Mucho	gel MATE.	TIN 20 19	168 <i>fcu</i>	carles fue	8

MAKTLAND STATE DEPARTMENT OF HEALTH



. ~ -	t.	MARYLAND STATE DEPARTMENT OF HEALTH
-10		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
•		CERTIFICATE OF DEATH
h. 2		CEASED NAME First Middle Lost 20 DATE OF DEATH 2b HOUR
er deoth. funerol 1 ond 2	(I	ype or print) Albert Lee Wilson Qune 32 1968 995
offer of fun	3 5	X 4. RACE S. DATE OF BIRTH 6 AGE (n years IF UNDER 1 YEAR OF JUNDER 24 HIRS
S and S		male white 4-19-15 last birthday) ANN HOURS MIN
g a g		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MAPPIED WEVER MAPPIED 9. COUNTY OF DEATH
4 7 2 2 2	COU	MINIMA U.S. WIDOWED DIVORCED TAILOT
executed within 24 hours after deoth decompletely filler in by the funeral finave corbon poper explains 1 and 2 now event, within 72 hours after deoth	10 (	ITY OR TOWN OF DEATH IT WAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR
ely bon with		EASton give street oddress) nemorial during most of working life, even if retired ) INDUSTRY OF RESIDENT
plet cor ent,	13a odm	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY UMAIS? 13e. STREET AND NUMBER ssion) STATE 13b COUNTY 13d INSIDE CITY OR TOWN 15d INSIDE CITY
com com ove y ev		MICH GIVEL LIZEWAY ISTA WOLL
D on the state of	14.	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
on or ad in	1	JOHN W. WILSON ETHEL James
Per Co.	100	WAS DECEASED EVER IN U.S. ARMED FORCES?  16b. SOCIAL SECURITY NO 17. INFORMANT  Address  17. INFORMANT  Address  17. INFORMANT  Address  The second of service of the second of the second of service of the second
phy pen over	-	ADDON/MAIL INTOVAL
Te T		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY  BETWEEN ONSET AND GRADH  PART I. DEATH WAS CAUSED BY
deoi tenc	L	IMMEDIATE CAUSE (a) Section of the Control of the C
he of per		Conditions, if ony, which gove)  DUE TO, OR AS A CONSEQUENCE OF  LONG TO THE CONTROL OF THE CONT
# # # # # # # # # # # # # # # # # # #		rise to immediate couse (o).
s th cian d by tro		stoting the underlying couse last.  DUE TO, OR AS A CONSEQUENCE OF
uire hysid gned priol	ı	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
o brigge	l	' STATE A STATE CONDITION CONTINUE TO DEATH DOT NOT RECORD TO THE EXHIBITION OF CONTINUE OF CONTINUE TO THE TARK TOO
ow beel the	NS.	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
the low requires the other ding physician. has been signed by se as the buriol-troil harior to burial, cre	CERTIFICATION	YES NOTE CAUSES OF DEATH?
or o	8	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 18.)
CLA?	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner)  P.M. 19
rosp cert chec pt. c	뜋	21d INJURY OCCURRED 21e, PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. (1tv or Town County State
this begins of	ı	While Not white of work OFFICE BUILDING, ETC.
JNG by t ffer be o	1	22g.   certify that (1) (this haspital attended the deceased from 1900, that (1) (weet last
END led		says the deceased alive an work and the says the deceased alive and the date and haur and fram the says stated above, (I) (we did) (did not) view the bady after death.
Trip or d'a		20. Signature 1 1 1 1 1 1 2 2 0 0 1 1 1 1 1 1 2 2 0 0 1 1 1 1
REG TE		DEGREE PHYS DIRECTOR PHYS. D C 2 4
AL O D D D D D D D D D D D D D D D D D D	ſ	22d PHYSIUANS 97
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificor de executed within 24 lege 4 may be retained by the hospital or aftending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and kompletely filled director, page 3 should be detached for use as the buriol-tramsit permit. Then please remove corbon pages should be detached for use as the buriol-tramsit permit. Then please remove corbon pages should be detached for use as the buriol-tramsit permit. Then please remove corbon pages should be detached for use as the buriol-tramsit permit. Then please remove corbon pages should be detached for use as the buriol-tramsit permit. Then please remove corbon pages are not also that the state Dept. of Ilealth prior to burial, cremotion, or removal, and in ony event, within 72.		NAMETY DELLE MY MISTIMICHAELY MG.
HOS Be 4 FUN	23g	BURIA_CREMATION, 23K DATE 23c NAME OF COMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Store)
5 5 5 2 W	10	(REMOVA (Specify) 6-25-58 Tighman Metho Tighman Talot Mid
VR A15 (V)	24.	FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
30M REV 1788	110	Paule E. Neuroum 1 Son EASTON VICE DATE JUN 27 1988 Pelionlas Judge



1		09055	DIVISION	M/ OF VITAL RE	CORDS, 301	W. PREST	N STREET, BAL	TIMORE, MA	ARYLAND 2120	)1		
FOR STATE				MEDIC	AL EXAM	INER'S	ERTIFICATE	OF DEA	TH		0.91	060
HEAMTH DEPT.		ECEASED-NAME Type or Print)	Patri	1 .	Midd D1a	le	Wilson	71	20. DATE K	NOWN Manth	3 0	Year 2b. Hou
delay and 3 M3. Pos tment	3, 5	× F 1	RACE	S. DATE OF BIR	TH	6. AGE (In years last birthday)	MONTHS DAYS	IF UNDER 24 H		ONOUNCED DEAD	Year	2d. HOU
orm Pr		BIRTHPLACE (State or Philade		CITIZEN OF WHI		8. M	ARRIED NEVER M	ARRIED 9.	COUNTY OF DEAT	n 1h	+	MODILO 7
ve Pages 1, 2, and 1 to 1 with form PM3. Pages 1 to 2 and 1 to 1 t	ID. (	Trapp	ATH	11. NA	ME OF HOSPITAL		ON (If not in haspite	during m	AL OCCUPATION (K. ost of working life	even if retired.)	12b. KIND INDUSTRY	of Business or None
s offer 18. Ging along with deoth.	P	USUAL RESIDENCE (		PHTTa	tion: Residence	before 13t. (11 Ph:	lla.	YES DE NO		and number W. Oxf	ord S	t.
24 hours in Item 1 her Office is off	(	ather's Name	First	Middle	Wilso		Doris		First	Middle	Warre	lost n
Fig. B. B. B.		WAS DECEASED EVER I		RCES? r or dates of service)	None None	JRITY NO.	Mrs. No	rman a	Johns R	oute#1		ppe,Md
ould be executed word "pending" in the Chief Medical in in-transit permit only event within		Conditions, if any, rise to immediate stating the under last.	H WAS CAUSED I IMMEDIATE which gave cause (a), lying couse	CAUSE (o)  DUE TO, OR-  (b)  DUE TO, OR	AS A CONSEQUE	hiri y NCE OF	my wres o	mtr	nctol			PROXIMATE MITERVAL EEN ONSET AND DEATH
orte ad the	NO	PART 2. OTHER SIGN		ONS CONTRIBUTI				DISEASE OR CON	DITION GIVEN IN P	ART 1(g)		
This certific icate, writing be forworded by the used os or removal,	CERTIFICATION	190. DATE OF OPER			19b. CONDITION WAS PERFO	DRMED?					,	AUTOPSY? YES NO 🔀
. 투 = 등 급	MEDICAL CE	21g. EXTERNAL CAUSE PRIMARY OR CO CAUSE OF DEATH 21d. INJURY OCCURI	NTRIBUTING [	HOUR A.A	+6-28	1968	21c. HOW INJURY OF PLANT 1	ng mi	4421-0	Port 1 ar Part 2,	(county	ractor
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necessa the fun 5 may 10 FUNE Health	230	NAME (Type)  BURIAL, (REMATION REMOVAL (Specify)  Burial	23b. D	ATE 6. 68			Y OR CREMATORY  CEMETERY		23d. LOCATION (C	ity ar Tawn)	(County)	(Store)
VR A15ME (5)	24.	FUNERAL DIRECTOR	Val	26 Dov	er Str	ABURER.	rvland	2So. REC'D B		25b, REGISTRAR	S SIGNATURE	

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